

# EXHIBIT L

In The Matter Of:  
***Sandra Schumacher vs. C.R. Bard (200)***

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***Brian Flynn, M.D.***

October 30, 2014

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IN THE UNITED STATES DISTRICT COURT  
FOR THE SOUTHERN DISTRICT OF WEST VIRGINIA  
CHARLESTON DIVISION

IN RE: C.R. BARD, INC., MDL NO. 2187  
PELVIC REPAIR SYSTEM PRODUCTS  
LIABILITY LITIGATION

DEPOSITION OF: BRIAN J. FLYNN, M.D. - October 30, 2014

SANDRA SUE SCHUMACHER, Case No. 2:13-cv-27023

Plaintiff,

v.

C.R. BARD, INC.,

Defendant.

PURSUANT TO NOTICE, the deposition of BRIAN J. FLYNN, M.D., was taken on behalf of the Defendant at 12631 East 17th Avenue, Room L15-5500, Aurora, Colorado 80045, on October 30, 2014, at 7:16 a.m., before Kirsten M. Thorngate, Registered Professional Reporter and Notary Public within Colorado.

Sandra Schumacher vs. C.R. Bard (200)

Brian Flynn, M.D.

10/30/2014

<p>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25</p> <p style="text-align: center;">A P P E A R A N C E S</p> <p>For the Plaintiff:</p> <p>MARY LIU, ESQ. Aylstock, Witkin, Kreis &amp; Overholtz, PLLC 248 3rd Street Suite 715 Oakland, California 94607</p> <p>For the Defendant:</p> <p>ERIC BUHR, ESQ. Reed Smith LLP 355 South Grand Avenue Suite 2900 Los Angeles, California 90071-1514</p>	<p style="text-align: center;">Page 2</p> <p>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25</p> <p>WHEREUPON, the following proceedings were taken pursuant to the Federal Rules of Civil Procedure.</p> <p style="text-align: center;">* * * * *</p> <p>BRIAN J. FLYNN, M.D., having been first duly sworn to state the whole truth, testified as follows:</p> <p style="text-align: center;">EXAMINATION</p> <p>BY MR. BUHR:</p> <p>Q. Good morning, Doctor. We met briefly before the deposition, but for the record, my name is Eric Buhr. I represent C.R. Bard in this case. We've never met before today, correct?</p> <p><b>A. We have not.</b></p> <p>Q. Have you met with attorneys for plaintiffs prior to this deposition?</p> <p><b>A. No.</b></p> <p>Q. And do you understand that your deposition is being taken today in your capacity as a treating physician of Ms. Schumacher?</p> <p><b>A. I do.</b></p> <p>Q. And have you had your deposition taken before?</p> <p><b>A. Many times.</b></p>																												
<p>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 60%;">I N D E X</th> <th style="text-align: left; width: 40%;">P A G E</th> </tr> </thead> <tbody> <tr> <td>EXAMINATION OF BRIAN J. FLYNN, M.D.: October 30, 2014</td> <td></td> </tr> <tr> <td>By Mr. Buhr</td> <td style="text-align: right;">4, 138</td> </tr> <tr> <td>By Ms. Liu</td> <td style="text-align: right;">81, 143</td> </tr> <tr> <td>DEPOSITION EXHIBITS:</td> <td style="text-align: right;">INITIAL REFERENCE</td> </tr> <tr> <td>Exhibit #1 Testimonial history</td> <td style="text-align: right;">8</td> </tr> <tr> <td>Exhibit #2 Curriculum vitae of Flynn</td> <td style="text-align: right;">8</td> </tr> <tr> <td>Exhibit #3 Deposition notice</td> <td style="text-align: right;">15</td> </tr> <tr> <td>Exhibit #4 Copy of Flynn's file records</td> <td style="text-align: right;">17</td> </tr> <tr> <td>Exhibit #5 Flynn chart notes</td> <td style="text-align: right;">17</td> </tr> <tr> <td>Exhibit #6 Article, "Surgical management of lower urinary mesh perforation after mid-urethral polypropylene mesh sling: mesh excision, urinary tract reconstruction and concomitant pubovaginal sling with autologous rectus fascia"</td> <td style="text-align: right;">82</td> </tr> <tr> <td>Exhibit #7 Pathology report, 8/13/14</td> <td style="text-align: right;">105</td> </tr> <tr> <td>Exhibit #8 Telephone and Correspondence Encounter, 9/10/14</td> <td style="text-align: right;">109</td> </tr> <tr> <td>Exhibit #9 Office visit, 5/22/08</td> <td style="text-align: right;">130</td> </tr> </tbody> </table>	I N D E X	P A G E	EXAMINATION OF BRIAN J. FLYNN, M.D.: October 30, 2014		By Mr. Buhr	4, 138	By Ms. Liu	81, 143	DEPOSITION EXHIBITS:	INITIAL REFERENCE	Exhibit #1 Testimonial history	8	Exhibit #2 Curriculum vitae of Flynn	8	Exhibit #3 Deposition notice	15	Exhibit #4 Copy of Flynn's file records	17	Exhibit #5 Flynn chart notes	17	Exhibit #6 Article, "Surgical management of lower urinary mesh perforation after mid-urethral polypropylene mesh sling: mesh excision, urinary tract reconstruction and concomitant pubovaginal sling with autologous rectus fascia"	82	Exhibit #7 Pathology report, 8/13/14	105	Exhibit #8 Telephone and Correspondence Encounter, 9/10/14	109	Exhibit #9 Office visit, 5/22/08	130	<p style="text-align: center;">Page 3</p> <p>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25</p> <p>Q. Do you have any estimate as to how many times?</p> <p><b>A. Since 2009, let's see. 12 times since 2009.</b></p> <p>Q. And do you recall if that was in the capacity as a treating physician or as an expert witness?</p> <p><b>A. It looks like about 70 percent as a treating physician. Five times as an expert.</b></p> <p>Q. Have you ever testified at trial?</p> <p><b>A. Yes.</b></p> <p>Q. About how many times?</p> <p><b>A. Twice.</b></p> <p>Q. What types of cases were those?</p> <p><b>A. One was a case involving a plaintiff against a gynecologist for a ureteral injury during hysterectomy. That was in August of 2013. And then there was a case in October of 2012 against a gynecologist for a similar matter, for a ureteral injury during hysterectomy.</b></p> <p>Q. And those two cases where you testified at trial, were you testifying as an expert or as a treating physician?</p> <p><b>A. Both times as a treating physician. I had managed the ureteral injury from the plaintiff who</b></p>
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<p style="text-align: right;">Page 138</p> <p><b>1 asked him to call me if that happened. But I never</b>  <b>2 heard anything, so I would assume that nothing</b>  <b>3 happened.</b></p> <p>4 MS. LIU: Okay. I believe that's all I    5 have right now.</p> <p>6 MR. BUHR: I just have a few very quick    7 follow-ups, and then I think we can be done.</p> <p>8 EXAMINATION</p> <p>9 BY MR. BUHR:</p> <p>10 Q. You mentioned before type I mesh. I know    11 you're not intimately familiar with the Avaulta or the    12 Align products, but do you know whether they are    13 considered type I mesh?</p> <p>14 MS. LIU: Objection.</p> <p>15 A. My understanding is that all of the    16 products that are available on the market since, say,    17 2004 with respect to polypropylene or type I products,    18 whether they're slings or prolapse kits or abdominal    19 sacrocolpopexy meshes.</p> <p>20 Q. (BY MR. BUHR) You mentioned during    21 counsel's questioning that the -- you felt the    22 anterior Avaulta mesh was a little bit more    23 superficial than you would expect?</p> <p>24 A. That's correct.</p> <p>25 Q. But you can't tell whether it was placed</p>	<p style="text-align: right;">Page 140</p> <p>1 the mesh -- it's connected to tissue that's in the    2 body when you remove it -- isn't there going to be    3 somewhat of a change in dimensions when you remove it    4 from those other forces in the body?</p> <p>5 MS. LIU: Objection.</p> <p>6 A. There might be some small changes, but    7 for the most part, it looks very similar to what it    8 looked like when it was inside the body.</p> <p>9 Q. (BY MR. BUHR) Have you ever read any    10 studies suggesting that to get an accurate view of any    11 type of contracture of the mesh, there needs to be    12 some type of CT scan or other scan while it's    13 implanted in the body to get a true measurement?</p> <p>14 MS. LIU: Objection.</p> <p>15 A. I don't think CT is helpful. Vaginal    16 ultrasound has been shown to be promising for mesh,    17 but CT scan, MRI, plain X-ray generally does not image    18 mesh.</p> <p>19 Q. (BY MR. BUHR) Would you agree that some    20 type of imaging while it's in the body would lead to a    21 more accurate view of the mesh rather than a pathology    22 report after it's explanted?</p> <p>23 MS. LIU: Objection.</p> <p>24 A. No. I wouldn't agree with that.</p> <p>25 Q. (BY MR. BUHR) We talked a little bit</p>
<p style="text-align: right;">Page 139</p> <p>1 there initially or whether it migrated there; is that    2 right?</p> <p>3 A. That's right.</p> <p>4 MS. LIU: Objection.</p> <p>5 Q. (BY MR. BUHR) And you answered a number    6 of questions about the pathology report. Just for the    7 record, you're not a pathologist or an expert in    8 pathology, correct?</p> <p>9 MS. LIU: Objection.</p> <p>10 A. Correct.</p> <p>11 Q. (BY MR. BUHR) In terms of some of the    12 admonitions that we went through that were listed on    13 the pathology report, that doesn't necessarily reflect    14 the admonitions while the product was implanted; is    15 that right?</p> <p>16 MS. LIU: Objection.</p> <p>17 A. It doesn't reflect the entire time, but I    18 think it does reflect what it looked like when it was    19 removed.</p> <p>20 So there's an encapsulated product    21 essentially, and we open up the capsule and take the    22 product out. So that thickness was what was inside    23 her body the day she had surgery.</p> <p>24 Q. (BY MR. BUHR) So even though while the    25 product is implanted it's connected to other parts of</p>	<p style="text-align: right;">Page 141</p> <p>1 about the pain that Ms. Schumacher was experiencing,    2 both the dyspareunia and, again, pelvic pain. Did you    3 consider any other potential causes of that pain?</p> <p>4 MS. LIU: Objection.</p> <p>5 A. Yes. I consider all possible causes.</p> <p>6 Q. (BY MR. BUHR) What other potential    7 causes were there for her pelvic pain?</p> <p>8 MS. LIU: Objection.</p> <p>9 A. Were there or could there be?</p> <p>10 Q. (BY MR. BUHR) Well, let's start with    11 could there be.</p> <p>12 A. Could there be. Could be vaginal    13 infection, vaginal atrophy. There are patients with    14 pelvic pain that's idiopathic, you know, that's    15 unrelated to any specific etiology. Pelvic floor    16 muscle spasm.</p> <p>17 But ordinarily when I see someone that    18 has a foreign body and it's painful over the foreign    19 body, then that's usually the cause.</p> <p>20 Most of the patients when they are    21 referred to me have been worked up pretty extensively    22 and managed locally and have exhausted simpler    23 measures before they would end up seeing me.</p> <p>24 Q. Can, I guess, hysterectomy cause pelvic    25 pain?</p>